SDNY PRO SE OFFICE

UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK AM 9: 54

Shog	CV		
Write the full name of each plaintiff.	(Include case number if one has been assigned)		
Shaquille Dinkins			
-against-	COMPLAINT		
C. O. Regalado Shier # 14900 / Worden Washe	(Prisoner)		
C.O. Than Doe 1, CO Than Doe H2	Do you want a jury trial? ☑ Yes □ No		
Co. Than Doce H3 The City of NY			

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL B	ASIS FOR CLAIM		
prisoners challeng often brought und	deral legal basis for your cling the constitutionality of er 42 U.S.C. § 1983 (agains gainst federal defendants).	their conditions of confi t state, county, or munic	nement; those claims are
Violation of m	ny federal constitutional ri	ghts	
Other:			
II. PLAINT	IFF INFORMATION		•
Each plaintiff mus	t provide the following info	ormation. Attach additio	nal pages if necessary.
Shospine	S	Dinkins	
First Name	Middle Initial	Last Name	
	ames (or different forms of previously filing a lawsuit.	f your name) you have e	ver used, including any name
Prisoner ID # (if y and the ID number 19-A-235)	ou have previously been in er (such as your DIN or NYS	another agency's custo ID) under which you we	dy, please specify each agency re held)
Current Place of	Detention		
Institutional Add)	. 24 4 . 4
-	87 Alden	State	Zip Code
County, City III. PRISON	NER STATUS	State	
•	hether you are a prisoner	or other confined person	n:
☐ Pretrial deta	The second secon		
•	nitted detainee		
☐ Immigration	•		
, ,	nd sentenced prisoner	·	
Other	*		

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:	7	WOUNCE	N/A		
	First Name	Last Name	Shield #		
	Wasdea				
	Current Job Title (or other identifying information)				
		a Street.			
	Current Work Address				
	East Elmourst	N.Y	11370		
	County, City	State	Zip Code		
Defendant 2:		Regalado	14900		
	First Name	Last Name	Shield #		
•	Corrections Of	Dices			
•		ner identifying informatio	on)		
	09-09 Hazen	Shoot			
·	Current Work Address				
	East Elmhurst	N. V	11370		
	County, City	State	Zip Code		
Defendant 3:	Jhon	Doc			
	First Name	Last Name	Shield #		
	Corrections officer (Secrety Team)				
•	Current Job Title (or other identifying information)				
	09-09 Hazen Street				
	Current Work Address				
	East Elmhurst	N-Y	11370		
	County, City	State	Zip Code		
Defendant 4:	7h~	Dore			
	First Name	Last Name	Shield #		
	COSTECTIONS OFFICER (SECURITY TEAM)				
	Current Job Title (or other identifying information)				
	. *				
	Current Work Address				
	E. Elmbergh	NY	n370		
	County, City	State	Zip Code		
	Current Work Address	N.Y	11370 Zin Code		

\mathbb{V} .	STATEMENT OF CLAIM
Place(s) of occurrence: 09-09 Hozen Storet Gr. R. V. C. Housing Area 5A
Date(s	e) of occurrence: March, 8, 2019
FACT	'S:
harme	here briefly the FACTS that support your case. Describe what happened, how you were ed, and how each defendant was personally involved in the alleged wrongful actions. Attach onal pages as necessary.
	was on the phase when the "Scarify Team" braight two
inmo	ster into the brasing area. A riot broke at and I was
Stal	obed in the back of my neck on the tight side by one
ce 1	the inmotes. Nyc Docs Staff, forled to Protect me from
bod	arrity Team' had knowledge that there was a gong-war"
we	ng on, and still they put two inmotes in a housing area are the appropriate gang tested which led to a right breaking and the being stabbedien my near.
 	

·	
INJURIES:	
f you were injured as a resu f any, you required and rece	ult of these actions, describe your injuries and what medical treatmer
rany, you required and reco	eiveu.
- Manual a Dame	mont Stab would on the back of my neek.
	prothen for the injury.
· · · · · · · · · · · · · · · · · · ·	
VI. RELIEF	
	amages or other relief you want the court to order
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State briefly what money da	
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VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

July, 18, 2021		Shappine Dinkins Plaintiff's Signature		
Dated		Plaintiff's Signat	ure	
Smasone	S	Dinkins		
Shose Ne First Name	Middle Initial	Last Name		
wende Correc	Lional Facility 7	0.30 1187		
Prison Address				,
Alden	·	V.Y	11370	
County, City		State	Zip Code	

Date on which I am delivering this complaint to prison authorities for mailing: July, 18,2001

Shaquelle Denkens 19-A-2359 Wende Correctional Facility P.O.BOX 1187 Alden, NY. 14004-1187

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NEOPOST FIRST-CLASS MAIL 07/20/2021 \$001.400

CORRECTIONAL PACIETY

LPACIEIT <u>PICP-IS-1</u>: U

Unoted States District Court
Southern District Of NY
500 Pearl Street
New York, N.Y. 10007
(700 Se)

13

Legal Ma?